

International Survey of Military Psychologists:

Survey Findings



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ABSTRACT

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International Survey of Military Psychologists:
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US Army Medical Research Unit-Europe
Walter Reed Army Institute of Research

EXECUTIVE SUMMARY

Increasing international cooperation on peacekeeping and contingency deployments calls for greater understanding of the militaries of other nations. The psychological resources of a country's armed forces represent an increasingly important component of readiness. Currently there exists no compilation of information pertaining to the psychology services, goals and interests across nations.

The purpose of this study was (1) to identify the experience of military psychologists across various nations; (2) to identify universal issues and concerns that pertain to military psychologists; and (3) to identify common needs and interests for future coordination and planning.

A six-page survey was developed and mailed to military psychologists or other mental health/social science professionals in 44 different countries. When possible, at least two names were identified for each country to increase the chance that someone from that country would respond. A total of 30 surveys were returned (a 52% return rate) from 23 different countries.

The survey covered covered the following main areas: the role of psychologists in the military and on peacekeeping/contingency deployments, research related to peacekeeping, debriefing, international contacts, questions for other psychologists, and suggestions for future

cooperation. All of the questions applied either to psychologists or the country's equivalent mental health professional.

Respondents were mostly active duty psychologists. The majority of respondents reported that psychologists in their military were involved in a core set of similar tasks (e.g., selection, clinical service for soldiers) although there was some individual variation by country (e.g., clinical service for soldier families). The psychology subspecialties of clinical or counseling psychology and industrial/organizational psychology were represented in almost every country's military. There were national differences in terms of other specific sub-specialties (e.g., developmental and physiological psychology). One commonality that emerged from the responses was how ambivalent leaders and soldiers are in accepting psychologists.

Respondents also described specific training they received prior to deploying on peacekeeping/contingency missions (e.g., on debriefing, leadership) as well as the lessons learned from such deployments (e.g., the importance of peer support and demonstrating their usefulness to commanders). They also made specific recommendations based on their experiences (e.g., train more in industrial/organizational psychology, take an active part in unit activities).

Attached to this report are the following:

Research Summary

Frequency Tables

Appendix A: Written Comments

Appendix B: Survey

Appendix C: Figures

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TABLE OF CONTENTS

ABSTRACT	2
EXECUTIVE SUMMARY	3
ACKNOWLEDGMENTS	5
RESEARCH SUMMARY	10
Method	12
Findings	13
Discussion	19
Recurrent Themes	19
Culture-Specific Themes	20
Limitations	20
Recommendations and Future Directions	22
FREQUENCY TABLES	25
SAMPLE DEMOGRAPHICS	26
Country	26
Survey Mailing List	27
Receive a Brief Report	27
Profession	27
Rank	28
Military Status	28
Military Branch	29
Number of Years in Military Service	29
PSYCHOLOGY AND U.N./MULTINATIONAL OPERATIONS	30
Do Psychologists Deploy on U.N./Multinational Missions?	30
What is the Military Status of Psychologists on U.N./Multinational Deployments?	30
What is the Length of Time Psychologists Take Part in a U.N./Multinational Deployment?	
.....	31
Are Psychiatrists Involved in U.N./Multinational Deployments?	31
Are Social Workers Involved in U.N./Multinational Deployments?	31
Are Chaplains Involved in U.N./Multinational Deployments?	32
Are Enlisted Personnel Who Are Mental Health Specialists Involved in U.N./Multinational	
Deployments?	32
Are There Other Mental Health Professionals (not listed above) Who Are Involved in	
U.N./Multinational Deployments?	32

Is There a Mental Health Professional Other Than a Psychologist Involved in U.N./Multinational Deployments?	33
Is There Any Special Training for Mental Health Professionals on U.N./Multinational Deployments?	33

TASKS OF PSYCHOLOGISTS ON U.N./MULTINATIONAL DEPLOYMENTS	34
Command Consultation	34
Group Treatment	34
Individual Treatment or Counseling	34
Selection	35
Assessment or Clinical Diagnosis	35
Crisis Intervention	35
Debrief (Crisis, Preventative & Redeployment)	36
Administration	36
Research	36
Supervision/Consultation	37
Stress Education	37
Training/Workshops	37
Leadership Development	38
Family Treatment	38
Career Counseling	38
Humanitarian Aid	38
Mission Analysis	38
Information Materials	38
Cooperation with Other Nations	38
Psychological Strategy	38
Organizational Psychology	38
Community Development	38
Team Building	38
Cross Cultural Facilitation	38
Integrate Former Forces	39
Predeployment Family Information	39
Aftercare	39
Combat Readiness	39
Psychological Autopsies	39
Visit Wounded Soldiers	39
Familiarizing with Conditions	39
Socializing with Soldiers to Prevent Psychology Stigma	39
Field Survival/life Support	39
Meetings/briefings	39

REACTIONS TO DEPLOYMENT	40
How Accepted Were Psychologists by the Command Structure?	40
How Accepted Were Psychologists by Soldiers?	40
How Accepted Were Psychologists by the Units with whom They Worked?	41
Do Psychologists Get Debriefed After Deployment?	41
Was There a Peer Group For Psychologists on Deployment?	41
DEBRIEFING	42
Is There Any Debriefing Conducted Following a Specific Incident?	42
Is There Any Debriefing Conducted Following a Deployment?	42
When Does the Debriefing Occur, at What Stage During or after the Incident?	43
What Type of Debriefing is Conducted?	43
How Is Debriefing Received?	44
PSYCHOLOGY IN THE MILITARY	44
Are There Psychologists who are Soldiers in the Military?	44
Efforts in Which Psychologists Are Involved	45
Selection/training	45
Clinical/Direct Service for Soldiers	45
Clinical/Direct Service for Families	45
Command Consultation	46
Psychological Operations	46
Policy Planning	46
General Prevention Efforts	47
Education	47
Research Effort	47
Other Effort	48
Specialty Areas for Psychologists	48
Clinical/counseling Psychology	48
Social Psychology	48
Physiological Psychology	49
School Psychology	49
Psychometrics	49
Health Psychology	50
Comparative Psychology	50
General Psychology	50
Industrial Organization Psychology	51
Developmental Psychology	51
Educational Psychology	51
Other Psychology Specialty	52

APPENDIX A: WRITTEN COMMENTS	53
Title	54
What is the Role of Psychologists on U.N./Multinational Deployments?	55
What is the Official Mission of Psychologists on U.N./Multinational Deployments? ...	55
What Type of Specialized Training is there for Psychologists Prior to U.N./Multinational Deployments?	56
Based on the experiences of deployed psychologists, what is recommended to make the deployment of psychologists more effective?	56
What Military Psychology Research is Being Explored in terms of U.N./Multinational Deployments?	58
How Accepted Were Psychologists by Leaders?	59
How Accepted were Psychologists by Soldiers?	60
How Accepted were Psychologists by Units?	61
What was the Respondent's Personal Experience with a U.N./Multinational Deployment?	62
What Is the Goal of the Debriefing?	63
What Contacts, if any, Has the Respondent Had with Military Psychologists from other Nations?	64
Questions for an International Group of Military Psychologists	66
APPENDIX B: SURVEY	68
APPENDIX C: FIGURES	78
FIGURE 1	
PSYCHOLOGISTS AND THE MILITARY	79
FIGURE 2	
SUB-SPECIALITIES OF PSYCHOLOGISTS IN THE MILITARY	80
FIGURE 3	
HOW ACCEPTED ARE PSYCHOLOGISTS?	81
FIGURE 4	
DEPLOYMENT AND PSYCHOLOGY	82
FIGURE 5	
PSYCHOLOGICAL RESEARCH ON PEACEKEEPING ¹	83
FIGURE 6	
DEBRIEFING	84
FIGURE 7	
INTERNATIONAL CONTACTS	85
FIGURE 8	
CONCLUSIONS	86
REFERENCES	87

International Survey of Military Psychologists

RESEARCH SUMMARY

US Army Medical Research Unit-Europe
Walter Reed Army Institute of Research

Increasing international cooperation on peacekeeping and contingency deployments calls for a greater understanding of the militaries of other nations. Many topics can be useful in facilitating such international understanding. One area that has received little previous attention is the field of military psychology. Military psychology can contribute in various ways to a military's readiness and can play a key role in the maintenance of morale, minimization of stress and the prevention of psychological difficulties (e.g., Gal & Mangelsdorff, 1991). The contributions of military psychologists have an impact on soldiers deployed on peacekeeping and contingency operations. Military psychologists themselves may also be deployed in support of such operations. Thus, the field of military psychology affords a natural opportunity for enhancing international cooperation. Yet it is unknown to what extent there are universal issues of concern to military psychologists in different nations. It is also unclear which areas of military psychology might benefit most from international cooperation. No current compilation of information pertaining to the military psychology interests of the international community exists.

A key element that would be important to include in any treatment of international military psychology issues would be the international military psychology experience on peacekeeping and contingency operations. Given the international nature of such deployments, these missions would be an obvious and highly relevant starting point for international cooperation.

Despite the recent rise in peacekeeping operations (especially for the U.S.), the field of peacekeeping psychology is relatively new. The Walter Reed Army Institute of Research (WRAIR), and its overseas activity, the U.S. Army Medical Research Unit-Europe (USAMRU-E), have been researching the stressors associated with peacekeeping since 1993. Among other projects, the research has included studies of a medical task force (Bartone & Adler, 1995) and a border patrol unit deployed on a U.N. peacekeeping mission (Bartone, Adler, & Vaitkus, 1996), a medical task force deployed on a humanitarian mission (Britt, 1996), and family adjustment during a peacekeeping deployment (Adler, Bartone, & Vaitkus, 1994). Recently, WRAIR and USAMRU-E have also been engaged in a large study examining issues related to Operation Joint Endeavor, the NATO deployment of forces to the former Yugoslavia (Bartone, 1996). Other WRAIR researchers have studied U.S. deployments to Haiti and Somalia (Division of Neuropsychiatry, 1992; Kirkland, Halverson, & Bliese, 1996). In an attempt to summarize the lessons learned about psychological stressors in peacekeeping, Litz (1996) provides a useful summary of lessons learned about the psychological stressors across a wide range of peacekeeping operations.

Published or presented international research on sociological and psychological issues associated with peacekeeping include the Norwegian experience in Lebanon (Weisaeth, Mehlum, & Mortensen, 1996) and the Irish experience (Fields, 1992), the Swedish experience in the Congo, Lebanon, Cyprus and Bosnia (Lundin & Otto, 1996), the German experience in Somalia (Steege & Hansen, 1994), and the Dutch (de Jong & Broesder, 1994; Wertheim, 1994), French (Doutheau, Legigot, Moraud, Crocq, Fabre, & Favre, 1994), and Canadian (Farley, 1995)

experience in the former Yugoslavia. In one of the few cross-cultural studies in the field, Lars Weisaeth (1990), a Norwegian researcher, compared the psychological casualty rates of peacekeepers from a variety of developed and developing nations.

Such literature indicates that many countries have had valuable experience in peacekeeping and have a great deal of information that would be useful to share with other countries. However, in order for other peacekeeping nations to gain the most from that experience, information needs to be gathered in some kind of systematic way that can assess the role military psychology plays in other countries and on such deployments. The goal of the present study was to compile some of the lessons identified by military psychologists from other nations.

Specifically, the purpose of this study was to (1) describe the experience of Military Psychologists in Other Nations; (2) identify universal issues and concerns that pertain to military psychologists, especially in terms of U.N./multinational deployments; and (3) identify common needs and interests for future coordination and planning.

Method

A six-page survey was developed and mailed to military psychologists or other mental health/social science professionals in 44 different countries. Names and addresses were identified from conference mailing lists and networking. When possible, at least two names were identified for each country to increase the chance that that someone from that country would respond. Three separate mailings were sent from July 1995 through July 1996.

The survey covered the following main areas: the role of psychologists in the military and on peacekeeping/contingency deployments, research related to peacekeeping, debriefing,

international contacts, questions for other psychologists and suggestions for future cooperation. All of the questions applied either to psychologists or the country's equivalent mental health professional (see Appendix B for a copy of the survey).

A total of 30 surveys were completed and returned (a 52% return rate) from 23 different countries. For seven of the countries, two surveys were received and the information combined to create a more precise survey representing that country. Except for the demographic information on the respondent and any qualitative information (e.g., questions and recommendations), the countries with two informers are only represented once in the calculation of the percent of countries reporting a particular response.

The respondents were mostly psychologists (70%) and psychiatrists (23%). In terms of military status, 67% were active duty soldiers, 7% were former active duty, 13% were in the reserves, and 10% were civilian.

Findings

Findings indicate that psychologists in the military have similar core tasks in different countries (Figure 1). Almost all of the countries answering the question reported that psychologists are involved in selection (96%), command consultation (96%), and research (91%). A large majority of respondents also report involvement in clinical service for soldiers (87%), education (78%) and prevention (65%). About half the respondents report psychological operations (52%) and policy planning (48%), whereas only 30% report clinical/direct service for families.

Respondents also report that there are similar training specialties represented in the military in the different countries (Figure 2). The vast majority of countries report psychology subspecialties of clinical or counseling psychology (91%), psychometric (87%), and industrial/organizational (70%). Many report subspecialties of education (61%), social (61%), and health (57%) psychology. Fewer than half report subspecialties of general (48%), developmental (39%), physiological (35%), school (22%) and comparative (17%) psychology.

Interestingly, many country respondents reported some difficulties in the acceptance of psychology (Figure 3). Whereas 22% of countries reported that command accepted psychologists "very well," the majority of respondents hedged in their description of command acceptance. The majority of respondents completing this question reported that the acceptance of psychology depended on particular commanders or improved over time. Slightly more countries reported that soldiers accepted psychologists very well (39%) but the majority still reported that acceptance depended on how the soldiers were approached or the psychologists were only somewhat accepted. Comments reveal that this image problem may be a cross-cultural phenomenon. The issue appears to be that psychologists are viewed as outsiders and it is not clear what role they intend to play in the units or how command can best utilize them. Once their value is demonstrated, and they become more integrated into the units by participating in unit activities, their credibility is enhanced.

Psychologists deploy on peacekeeping or contingency missions in 44% of the countries responding. In 65% of the countries some other mental health professional deploys (most typically a psychiatrist or social worker). Although an attempt was made to identify the most

typical activities psychologists engage in on deployment, the variety of answers made compilation of the data into a meaningful summary impossible. It appeared that several countries described tasks of non-deployed psychologists so the information was redefined as an informal look at the types of activities in which psychologists are engaged. The majority of respondents reported involvement in command consultation, individual counseling, and research. A smaller percentage reported involvement in crisis intervention, debriefing, administration, stress education and other training or workshops. A couple of respondents (two or three) reported involvement in activities such as leadership development, supervision, clinical assessment, and group treatment.

Humanitarian aid, the composing of information materials, cooperation with other nations, psychological strategy, community development, team building, cross-cultural facilitation, visits to wounded soldiers, and psychological autopsies are all examples of activities spontaneously mentioned by only one respondent. As mentioned, the responses to this question should not be understood to represent only activities conducted on deployment. Still, the activities listed by the respondents were all write-in responses and provide an overview of the breadth of activities in which psychologists or similar professionals are engaged.

Despite difficulty in interpreting the responses to the activities question, 30% of respondents reported that psychologists (or other deploying mental health professionals) received special pre-deployment training (Figure 4). Specific preparation included training in Critical Incident Stress Debriefing (explicitly named by four respondents), how to cope with one's own feelings, stress management, leadership, post-traumatic stress disorder treatment, and refresher courses on military skills. Based on these deployment experiences, respondents had many lessons

learned to pass on. They suggested conducting intercultural stress workshops, improving command consultation by increasing skills in industrial/organizational psychology, debriefing the debriefers, engaging in field work and taking an active part in the unit while deployed. Other suggestions included sending more than one psychologist per mission, having a psychologist specialize in U.N./Multinational deployments, and more clearly defining psychology's role vis a vis the role of other health professionals.

Twenty respondents described personal experiences on deployments. Common issues included not feeling prepared, or having difficulty obtaining the necessary preparation. Nevertheless, almost all of the respondents reported that they were very effective and busy throughout the mission, and not bored at all. Many also reported that they felt very stressed during the experience and several remarked that pairing up with other psychologists or talking with peers was critical in helping them manage their stress.

Respondents were also asked what type of research related to peacekeeping/contingency deployments was being conducted (Figure 5). Several mentioned studies on stress reactions, selection and training, cross-cultural work issues, and leadership and command style. Other topics included team building, sex-role and personality, general prevention, adjustment disorders, the impact of long-term isolation from one's social network, recuperation time, reintegration meetings and family care and stress.

A separate section of the survey addressed the issue of debriefing (Figure 6). Respondents were asked about what, if any, debriefing their military used. More than half (70%) reported that the military did debrief after a specific incident, and 60% reported debriefing after a deployment.

About one third of the countries use the Critical Incident Stress Debrief (17%) or a modified version (17%), and 30% report that the debriefing is well received. Among those with psychologists (or other mental health professional) deploying, only 26% of countries report that these psychologists receive a formal debriefing at the end of their deployment, although 30% report informal debriefing occurs.

Respondents were also asked about their exposure to international colleagues (Figure 7). Like many of the survey questions, the question format was open-ended. Thus, the responses provide an overview of the kinds of contacts that are made rather than an exact accounting of how many participate in each type of contact. For example, four respondents reported that they had several contacts but did not specify the nature of the contacts. Still, respondents did specifically mention NATO's research group 22 (n=6), the International Applied Military Psychology Society (n=6), the International Military Testing Association (n=5), Partnership for Peace seminars and regional meetings (e.g., a Scandanavian meeting, and a former USSR meeting). Other sources of international contact included the American Psychological Association's Division 19 (Military Psychology), NATO's Research Group 15, the European Congress of Traumatic Stress, and informal and personal contacts. Five respondents specifically said they had no or minimal contacts, and several commented that they were very dissatisfied with this professional isolation.

The survey prompted several respondents to pose interesting questions to their international counterparts. Some questions focused on general military issues: What are the differences between compulsory and professional militaries? What kind of means are there to

prevent, detect and treat abnormal stress reactions? How independent are psychologists as a professional body and from their chain of command? What type of military status do they have? Some questions pertained to the U.N. missions themselves: How do specific U.N. missions raise issues of leadership changes and moral dilemmas ("It's not my war")? What kind of selection should be used for U.N. deployments? Why was there no psychologist among 15 nations on UNPROFOR (the U.N. peacekeeping mission in the former Yugoslavia), and why were chaplains used instead?

The respondents had many recommendations to make. Many respondents emphasized the importance of further international cooperation. Several ideas were suggested, including an informal exchange of experiences for those who have deployed and are likely to do so again. Another suggested working as an international team on common issues. Another respondent suggested that one psychologist could be identified within his/her country's military as the expert on psychological issues and peacekeeping deployments.

Many of the general comments and recommendations attempted to address the issue of legitimizing the role of psychologists on deployment. Some suggestions included directly demonstrating psychology's usefulness, especially in gaining credibility with commanders, and gaining credibility with units by training and working with them in the field environment. Other suggestions included the importance of high rank and/or command status in having an impact during deployment or pairing up with an experienced line soldier to work as a team (e.g., "An old soldier can be much better to help than a psychologist in his office.") In Finland, these issues are addressed by having the psychologists and psychiatrists serve as long-distance supervisors to

others in the field. It was interesting to note that this credibility gap was a common challenge faced by many countries but the method for addressing the issue differed.

Discussion

Recurrent Themes

Regardless of the type of country responding, there was a universal interest in a cooperative exchange of information accompanied by a somewhat frustrated sense of isolation. Many respondents expressed a wish for additional contact. Many also had specific questions and requests for information, particularly those countries new to the peacekeeping business, such as former Eastern Block countries.

Other commonalities include the prevalence of debriefing, and the CISD model in particular. It was interesting that several countries found it useful to adopt the CISD approach to their needs. It might be useful for future research to document the different types of adaptations countries have felt were necessary to make.

It was also very interesting that acceptance of psychology was a widely experienced problem. A variety of countries reported that psychology was viewed with suspicion or needed to first demonstrate its usefulness and/or credibility before being utilized. Perhaps this public perception of psychology is a common problem that could have common solutions. When countries have found psychology to be useful, their methods for gaining acceptance could be adapted for other countries.

The study results suggest some possible first steps in addressing the image problem. In several countries, leaders appear to be unaware of what to do with psychology, how to use the

information, or how to utilize the personnel. One way to address this problem would be with an education campaign dealing with these issues, coupled with specific and concrete recommendations about what psychologists can offer. Soldiers, like leaders, could also benefit from understanding the role of psychology and addressing any myths that soldiers might hold that account for their wariness.

Even psychologists themselves can benefit from the knowledge of psychology. It was ironic to note that many psychologists themselves do not receive debriefing upon return from deploying.

Culture-Specific Themes

There were also culture-specific responses to the survey. The official role of psychology in the military is often unique, and the use of debriefing, as well as the attention and coverage that military families receive (different perhaps in part because the difference in the proportion of soldiers who are young and single) also vary. Other differences include the relative degree of professional isolation experienced by the respondents, and the type of research the military psychologists are doing, although many report studying peacekeeping stress (e.g., especially the northwestern European countries, Canada and the U.S.).

Limitations

Clearly, this study, as a preliminary glimpse into international military psychology, has some important methodological limitations. Despite sampling efforts to the contrary, the respondents primarily represent European countries. Interestingly, despite this homogeneity, the countries do represent 7 of 11 nation clusters identified by Hofstede (1983, see p. 229) in an

extensive cross-cultural study of values. In terms of European countries, respondents represented nations from each of the standard deviation rings mapped by Zeitlin (1996) using Hofstede's data.

Furthermore, the survey respondents themselves were not randomly chosen. They represent our best attempts at identifying someone who could inform us about his/her country's military psychology resources. As such, these informers may have incomplete knowledge about the various topics. The responses on the survey reflect that particular informant's perspective. The choice to only survey two people from each country was a purposeful attempt to keep the key analysis at the country level. Such methodology has been used successfully in other research (e.g., Kloos, Horneffer, & Moore, 1995).

Another limitation to the study is the use of one language. Clearly, it was difficult for some respondents to write effectively in English. It may have also been difficult for respondents to understand the questionnaire itself. One respondent answered the survey in French and USAMRU-E then provided a translation. Another respondent sent a letter explaining the survey would be turned in after someone in that country was available to help with the translation (the survey was later received). The use of English may have been the reason that some people on the mailing list did not respond (although the names were from English language sources). The language issue is also likely to be why some of the responses were difficult to understand or left blank. Future studies would ideally offer the questionnaire in several languages (e.g., English, French and Russian), but lack of appropriate resources may make such an option unlikely.

The language issue is a prototypical problem of cross-cultural research. Another challenge to effective cross-cultural research is that the questions posed need to make sense to a wide variety of cultures. As a result, some of the questions needed to be broadly phrased in order to include the possible variations of different countries. Such careful phrasings enhance survey item applicability but compromise ease of comprehension. Future research in this area might benefit from either interviews or more checklist formats (or both) in order to address this language and cultural issue.

Despite its limitations, the study is a useful beginning in uncovering the role psychology plays in the militaries of different countries and in compiling lessons learned from over 20 countries (See Figure 8 for an overview). These respondents reflect the experience of vastly different countries: both NATO and former Eastern Block countries, rich and poor countries, are represented. Also included are those countries with a great deal of peacekeeping experience (e.g., the Netherlands) and those countries just starting out in peacekeeping (e.g., Bulgaria).

Recommendations and Future Directions

The International Survey of Military Psychologists suggests some interesting follow-up work. For example, what is the situation in those countries underrepresented in the survey, especially African, Asian, and Latin and South American countries. USAMRU-E will continue to collect data on other countries as appropriate candidates are identified.

The issues related to isolation need to be addressed. These issues take several forms but include the fact that several countries are eager for more information and more contact. Some countries possess the information and experience that other countries need but have difficulty

accessing. Some kind of information referral service would be useful. The Internet with a Web page and Chat Line might be a useful tool in cutting through some of the isolation. Several of the poorly resourced countries, however, would be cut out of such an option because of the lack of computer or telephone line resources. A lower-tech option would be to include an international page to an existing publication (e.g., the American Psychological Association Division 19 newsletter). Such a page could profile selected countries, include calls for information, and list addresses of relevant professionals in different countries. In order to facilitate psychologists' (or other professionals) receiving such a newsletter, a non-member association within the division would be useful. Such suggestions are being considered for recommendation by the newly founded international subcommittee of Division 19. Other congresses could do something similar.

Even the mailing list of respondents used for the present survey is a potentially valuable starting point to break through the isolation of other countries. To this end, each country that participated in the survey will receive a report about the findings of the survey.

Another interesting issue that was not specifically addressed in this study is the potential for cross-cultural research. Such work could, for example, compare the stress and coping across peacekeepers from different nations which could have direct relevance in understanding the multinational working environment. It would also be expected that soldiers from different nations would experience different average levels of culture stress in adapting to a new environment, depending on how culturally distant that environment is from their own. Zeitlin (1996) presents an interesting model for predicting culture shock based on cultural differences.

There are many possibilities for future collaboration. The information collected in this international survey reflects a great deal of creativity and productivity in the world of military psychology. To the extent that military psychologists can share their knowledge and experience with one another, their lessons learned can be integrated into maintaining soldier readiness. The field of psychology has a great deal to offer the international peacekeeping community. Perhaps together, military psychologists will be able to create a climate of international cooperation that can model the kind of cooperation necessary for any effective multinational peacekeeping deployment.

FREQUENCY TABLES

SAMPLE DEMOGRAPHICS

The following is a list of the 23 countries represented in the sample.

Country

Variable: COUNTRY

- 1 Bulgaria
- 2 Norway
- 3 Lithuania
- 4 Lithuania
- 5 France
- 6 Republic of Belarus
- 7 Republic of Belarus
- 8 Italy
- 9 Canada
- 10 Belgium
- 11 South Africa
- 12 Israel
- 13 Switzerland
- 14 Sweden
- 15 Switzerland
- 16 The Netherlands
- 17 Czech Republic
- 18 Finland
- 19 The Netherlands
- 20 Croatia
- 21 Austria
- 22 Germany
- 23 Romania
- 24 Latvia
- 25 Germany
- 26 Greece
- 27 Poland
- 28 Poland
- 29 Belgium
- 30 United States of America

Number of cases read: 30 Number of cases listed: 30

The following data describe the sample and use all 30 survey respondents. Seven countries are represented twice.

Would Respondent Like to be Included on a Survey Mailing List?

Variable: MAILLIST

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
include	1.00	25	83.3	100.0	100.0
	.	5	16.7	Missing	
		-----	-----	-----	
	Total	30	100.0	100.0	

Valid cases 25 Missing cases 5

Would Respondent Like to Receive a Brief Report about the Survey?

Variable: BRIEFREP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	3	10.0	11.5	11.5
yes	1.00	23	76.7	88.5	100.0
	.	4	13.3	Missing	
		-----	-----	-----	
	Total	30	100.0	100.0	

Valid cases 26 Missing cases 4

Profession

Variable: PROFESS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
psychologist	1.00	21	70.0	70.0	70.0
psychiatrist	2.00	7	23.3	23.3	93.3
sociologist	3.00	1	3.3	3.3	96.7
other	5.00	1	3.3	3.3	100.0
		-----	-----	-----	
	Total	30	100.0	100.0	

Valid cases 30 Missing cases 0

Rank

Variable: RANK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
civilian	.00	2	6.7	7.1	7.1
lieutenant	1.00	3	10.0	10.7	17.9
captain	2.00	2	6.7	7.1	25.0
major	3.00	6	20.0	21.4	46.4
lieutenant colonel	4.00	7	23.3	25.0	71.4
colonel	5.00	5	16.7	17.9	89.3
other	6.00	1	3.3	3.6	92.9
brigadier	7.00	2	6.7	7.1	100.0
.		2	6.7	Missing	
Total		30	100.0	100.0	

Valid cases 28 Missing cases 2

Military Status

Variable: MILSTAT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
civilian	.00	3	10.0	10.0	10.0
reserves	1.00	4	13.3	13.3	23.3
active duty	2.00	20	66.7	66.7	90.0
former military	3.00	2	6.7	6.7	96.7
civilians & reserves	4.00	1	3.3	3.3	100.0
Total		30	100.0	100.0	

Valid cases 30 Missing cases 0

Military Branch

Variable: BRANCH

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
not military	.00	3	10.0	12.0	12.0
army	1.00	15	50.0	60.0	72.0
navy	2.00	1	3.3	4.0	76.0
airforce	3.00	2	6.7	8.0	84.0
other	4.00	3	10.0	12.0	96.0
army, navy & air force	5.00	1	3.3	4.0	100.0
.	.	5	16.7	Missing	
		-----	-----	-----	
Total		30	100.0	100.0	

Valid cases 25 Missing cases 5

Number of Years in Military Service

Variable: YRSMIL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
	3.00	1	3.3	5.3	5.3
	4.00	2	6.7	10.5	15.8
	11.00	2	6.7	10.5	26.3
	14.00	2	6.7	10.5	36.8
	17.00	2	6.7	10.5	47.4
	18.00	2	6.7	10.5	57.9
	20.00	1	3.3	5.3	63.2
	21.00	2	6.7	10.5	73.7
	23.00	1	3.3	5.3	78.9
	29.00	1	3.3	5.3	84.2
	35.00	2	6.7	10.5	94.7
	39.00	1	3.3	5.3	100.0
.	.	11	36.7	Missing	
		-----	-----	-----	
Total		30	100.0	100.0	

Valid cases 19 Missing cases 11

PSYCHOLOGY AND U.N./MULTINATIONAL OPERATIONS

The following data are based on 23 different countries. Seven of these countries returned two surveys and a combination of these two sets of answers was derived. When these answers were inconsistent, the more specific and qualifying answer was selected to represent that country.

Do Psychologists Deploy on U.N./Multinational Missions?

Variable: PSYDEP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	13	56.5	56.5	56.5
yes	1.00	10	43.5	43.5	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	23	Missing cases	0		

What is the Military Status of Psychologists on U.N./Multinational Deployments?

Variable: PSYMIL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
active duty	1.00	6	26.1	60.0	60.0
reserves	2.00	2	8.7	20.0	80.0
active duty and reserves	4.00	2	8.7	20.0	100.0
.		13	56.5	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	10	Missing cases	13		

What is the Length of Time Psychologists Take Part in a U.N./Multinational Deployment?

Variable: PSYTIME

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
entire (100%)	1.00	4	17.4	40.0	40.0
part (>50%)	3.00	5	21.7	50.0	90.0
part and/or entire (1-100%)	4.00	1	4.3	10.0	100.0
.		13	56.5	Missing	
Total		23	100.0	100.0	

Valid cases 10 Missing cases 13

Are Psychiatrists Involved in U.N./Multinational Deployments?

Variable: MDGO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	14	60.9	63.6	63.6
yes	1.00	8	34.8	36.4	100.0
.		1	4.3	Missing	
Total		23	100.0	100.0	

Valid cases 22 Missing cases 1

Are Social Workers Involved in U.N./Multinational Deployments?

Variable: SOCIALGO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	17	73.9	77.3	77.3
yes	1.00	5	21.7	22.7	100.0
.		1	4.3	Missing	
Total		23	100.0	100.0	

Valid cases 22 Missing cases 1

Are Chaplains Involved in U.N./Multinational Deployments?

Variable: CHAPGO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	10	43.5	45.5	45.5
yes	1.00	12	52.2	54.5	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 22 Missing cases 1

Are Enlisted Personnel Who Are Mental Health Specialists Involved in U.N./Multinational Deployments?

Variable: ENLISTGO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	20	87.0	90.9	90.9
yes	1.00	2	8.7	9.1	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 22 Missing cases 1

Are There Other Mental Health Professionals (not listed above) Who Are Involved in U.N./Multinational Deployments?

Variable: OTHERGO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	17	73.9	77.3	77.3
yes	1.00	5	21.7	22.7	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 22 Missing cases 1

Combining All Mental Health Professionals Listed Above (i.e. MD, Chaplain, Social Worker, Enlisted, and/or Other), Is There a Mental Health Professional Other Than a Psychologist Involved in U.N./Multinational Deployments?

Variable: ELSEGO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	5	21.7	25.0	25.0
yes	1.00	15	65.2	75.0	100.0
	.	3	13.0	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	20	Missing cases	3		

Is There Any Special Training for Mental Health Professionals on U.N./Multinational Deployments?

Variable: TRAINING

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	3	13.0	30.0	30.0
yes	1.00	7	30.4	70.0	100.0
	.	13	56.5	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	10	Missing cases	13		

TASKS OF PSYCHOLOGISTS ON U.N./MULTINATIONAL DEPLOYMENTS

The following items are based on a question asking respondents to list the types of activities in which psychologists (or other mental health professionals) are involved during U.N./Multinational deployments. Several respondents answered the question in terms of non-deployment activities. Given the lack of clarity as to whether or not the activity was specifically related to deployment, all responses were grouped together.

Command Consultation: Is the activity mentioned by respondent?

Variable: YCOMMAND

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	17	73.9	100.0	100.0
	.	6	26.1	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 17 Missing cases 6

Group Treatment: Is the activity mentioned by respondent?

Variable: YGROUPTX

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	3	13.0	100.0	100.0
	.	20	87.0	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 3 Missing cases 20

Individual Treatment or Counseling: Is the activity mentioned by respondent?

Variable: YINDCOUN

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	18	78.3	100.0	100.0
	.	5	21.7	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 18 Missing cases 5

Selection: Is the activity mentioned by respondent?

Variable: YSELECT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	3	13.0	100.0	100.0
	.	20	87.0	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 3 Missing cases 20

Assessment or Clinical Diagnosis: Is the activity mentioned by respondent?

Variable: YASSESS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	3	13.0	100.0	100.0
	.	20	87.0	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 3 Missing cases 20

Crisis Intervention: Is the activity mentioned by respondent?

Variable: YCRISIS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	10	43.5	100.0	100.0
	.	13	56.5	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 10 Missing cases 13

Debrief (Crisis, Preventative & Redeployment): Is the activity mentioned by respondent?

Variable: YDEBRIEF

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	8	34.8	100.0	100.0
	.	15	65.2	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 8 Missing cases 15

Administration: Is the activity mentioned by respondent?

Variable: YADMIN

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	7	30.4	100.0	100.0
	.	16	69.6	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 7 Missing cases 16

Research: Is the activity mentioned by respondent?

Variable: YRESEARC

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	14	60.9	100.0	100.0
	.	9	39.1	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 14 Missing cases 9

Supervision/Consultation: Is the activity mentioned by respondent?

Variable: YSUPCONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	2	8.7	100.0	100.0
	.	21	91.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	2	Missing cases	21		

Stress Education: Is the activity mentioned by respondent?

Variable: YSTRESSE

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	5	21.7	100.0	100.0
	.	18	78.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	5	Missing cases	18		

Training/Workshops: Is the activity mentioned by respondent?

Variable: YTRAINWK

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	8	34.8	100.0	100.0
	.	15	65.2	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	8	Missing cases	15		

Leadership Development: Is the activity mentioned by respondent?

Variable: YLEADER

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	2	8.7	100.0	100.0
	.	21	91.3	Missing	
	Total	23	100.0	100.0	
Valid cases	2	Missing cases	21		

**ONE WRITE-IN RESPONSE EACH FOR THE FOLLOWING ACTIVITIES
(ON DEPLOYMENT AND IN GENERAL)****Family Treatment: Is the activity mentioned by respondent?**

Variable: YFAMTX

Career Counseling: Is the activity mentioned by respondent?

Variable: YCAREER

Humanitarian Aid: Is the activity mentioned by respondent?

Variable: YHUMANAI

Mission Analysis: Is the activity mentioned by respondent?

Variable: YMISSANL

Information Materials: Is the activity mentioned by respondent?

Variable: YINFOMAT

Cooperation with Other Nations: Is the activity mentioned by respondent?

Variable: YCOOP

Psychological Strategy: Is the activity mentioned by respondent?

Variable: YPSYSTR

Organizational Psychology: Is the activity mentioned by respondent?

Variable: YORGANIZ

Community Development: Is the activity mentioned by respondent?

Variable: YCOMMDEV

Team Building: Is the activity mentioned by respondent?

Variable: YTEAMBLD

Cross Cultural Facilitation: Is the activity mentioned by respondent?

Variable: YCROSSCU

Integrate Former Forces: Is the activity mentioned by respondent?

Variable: YINTEGRA

Predeployment Family Information: Is the activity mentioned by respondent?

Variable: YPREDEP

Aftercare: Is the activity mentioned by respondent?

Variable: YAFTERDE

Combat Readiness: Is the activity mentioned by respondent?

Variable: YREADY

Psychological Autopsies: Is the activity mentioned by respondent?

Variable: YAUTOP

Visit Wounded Soldiers: Is the activity mentioned by respondent?

Variable: YVISIT

Familiarizing with Conditions: Is the activity mentioned by respondent?

Variable: YFAMILIA

Socializing with Soldiers to Prevent Psychology Stigma: Is the activity mentioned by respondent?

Variable: YSTIGMA

Field Survival/life Support: Is the activity mentioned by respondent?

Variable: YFIELD

Meetings/briefings: Is the activity mentioned by respondent?

Variable: YMEETING

REACTIONS TO DEPLOYMENT

The following set of questions addresses the subjective experience of psychologists on U.N./Multinational deployments. If mental health professionals did not deploy, these questions were answered in terms of the general perception of psychology.

How Accepted Were Psychologists by the Command Structure?

Variable: ACCEPT1

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
not at all	.00	1	4.3	5.6	5.6
somewhat	1.00	3	13.0	16.7	22.2
well accepted	2.00	5	21.7	27.8	50.0
it depends	4.00	4	17.4	22.2	72.2
better over time	5.00	3	13.0	16.7	88.9
OK but concerned	6.00	1	4.3	5.6	94.4
good but command unclear	7.00	1	4.3	5.6	100.0
.	.	5	21.7	Missing	
Total		23	100.0	100.0	

Valid cases 18 Missing cases 5

How Accepted Were Psychologists by Soldiers?

Variable: ACCEPT2

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
not at all	.00	1	4.3	5.6	5.6
somewhat	1.00	4	17.4	22.2	27.8
well accepted	2.00	9	39.1	50.0	77.8
it depends	4.00	1	4.3	5.6	83.3
better over time	5.00	3	13.0	16.7	100.0
.	.	5	21.7	Missing	
Total		23	100.0	100.0	

Valid cases 18 Missing cases 5

How Accepted Were Psychologists by the Units with whom They Worked?

Variable: ACCEPT3

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
somewhat	1.00	3	13.0	18.8	18.8
well accepted	2.00	9	39.1	56.3	75.0
don't know	3.00	1	4.3	6.3	81.3
it depends	4.00	1	4.3	6.3	87.5
better over time	5.00	2	8.7	12.5	100.0
.		7	30.4	Missing	
		-----	-----	-----	
Total		23	100.0	100.0	

Valid cases 16 Missing cases 7

Do Psychologists Get Debriefed After Deployment?

Variable: PSYDEBR

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	3	13.0	17.6	17.6
yes, informal only	1.00	7	30.4	41.2	58.8
yes, formal only	2.00	2	8.7	11.8	70.6
yes, informal & formal	3.00	4	17.4	23.5	94.1
don't know	5.00	1	4.3	5.9	100.0
.		6	26.1	Missing	
		-----	-----	-----	
Total		23	100.0	100.0	

Valid cases 17 Missing cases 6

Was There a Peer Group For Psychologists on Deployment?

Variable: PEER

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	5	21.7	31.3	31.3
yes	1.00	11	47.8	68.8	100.0
.		7	30.4	Missing	
		-----	-----	-----	
Total		23	100.0	100.0	

Valid cases 16 Missing cases 7

DEBRIEFING

The following questions relate to the role of debriefing in each country's military. We defined debriefing as a formal gathering of soldiers who have been through an incident together. The soldiers are then led in a discussion in order to develop a complete picture of the incident, and to allow soldiers to talk about their perspectives and feelings about the event. Debriefing is also sometimes referred to as an after-action review, or critical incident stress debriefing (CISD).

Is There Any Debriefing Conducted Following a Specific Incident?

Variable: DEBRIEF1

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	6	26.1	30.0	30.0
sometimes	1.00	2	8.7	10.0	40.0
yes	2.00	11	47.8	55.0	95.0
usually	4.00	1	4.3	5.0	100.0
.	.	3	13.0	Missing	
		-----	-----	-----	
Total		23	100.0	100.0	

Valid cases 20 Missing cases 3

Is There Any Debriefing Conducted Following a Deployment?

Variable: DEBRIEF2

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	8	34.8	40.0	40.0
sometimes	1.00	2	8.7	10.0	50.0
yes	2.00	9	39.1	45.0	95.0
reunion education	5.00	1	4.3	5.0	100.0
.	.	3	13.0	Missing	
		-----	-----	-----	
Total		23	100.0	100.0	

Valid cases 20 Missing cases 3

When Does the Debriefing Occur, at What Stage During or after the Incident?

Variable: DEBRIEF3

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
immediately	1.00	12	52.2	100.0	100.0
	.	11	47.8	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 12 Missing cases 11

What Type of Debriefing is Conducted?

Variable: DEBRIEF4

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
CISD	1.00	4	17.4	25.0	25.0
modified CISD	2.00	4	17.4	25.0	50.0
mil only	3.00	1	4.3	6.3	56.3
other	4.00	5	21.7	31.3	87.5
CISD & saunas	5.00	1	4.3	6.3	93.8
CISD & event-oriented	6.00	1	4.3	6.3	100.0
	.	7	30.4	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 16 Missing cases 7

How Is Debriefing Received?

Variable: DEBRIEF6

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
don't know	.00	1	4.3	7.1	7.1
somewhat well	2.00	1	4.3	7.1	14.3
very well	3.00	7	30.4	50.0	64.3
fine/as normal	5.00	2	8.7	14.3	78.6
it depends	7.00	1	4.3	7.1	85.7
better over time	8.00	2	8.7	14.3	100.0
.		9	39.1	Missing	
Total		23	100.0	100.0	

Valid cases 14 Missing cases 9

PSYCHOLOGY IN THE MILITARY

The following questions address the role of psychology in each country's military in general.

Are There Psychologists who are Soldiers in the Military?

Variable: PSYSOLD

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	4	17.4	19.0	19.0
yes	1.00	17	73.9	81.0	100.0
.		2	8.7	Missing	
Total		23	100.0	100.0	

Valid cases 21 Missing cases 2

The Following Items Describe the Efforts in Which Psychologists Are Involved. The List Is Not Limited to Deployment-related Areas.

Selection/training

Variable: SELECT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	22	95.7	100.0	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	22	Missing cases	1		

Clinical/Direct Service for Soldiers

Variable: CLINSOLD

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	2	8.7	9.1	9.1
yes	1.00	20	87.0	90.9	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	22	Missing cases	1		

Clinical/Direct Service for Families

Variable: CLINFAM

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	15	65.2	68.2	68.2
yes	1.00	7	30.4	31.8	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	22	Missing cases	1		

Command Consultation
Variable: COMCONS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
yes	1.00	22	95.7	100.0	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	22	Missing cases	1		

Psychological Operations
Variable: PSYOPS

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	10	43.5	45.5	45.5
yes	1.00	12	52.2	54.5	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	22	Missing cases	1		

Policy Planning
Variable: POLICYPL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	11	47.8	50.0	50.0
yes	1.00	11	47.8	50.0	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	22	Missing cases	1		

General Prevention Efforts

Variable: PREVENT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	7	30.4	31.8	31.8
yes	1.00	15	65.2	68.2	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 22 Missing cases 1

Education

Variable: EDUC

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	4	17.4	18.2	18.2
yes	1.00	18	78.3	81.8	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 22 Missing cases 1

Research Effort

Variable: RESEFFRT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	1	4.3	4.5	4.5
yes	1.00	21	91.3	95.5	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 22 Missing cases 1

Other Effort

Variable: OTHEFFRT

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	15	65.2	68.2	68.2
yes	1.00	7	30.4	31.8	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 22 Missing cases 1

The Following Items List Specialty Areas for Psychologists Who Work for the Military (Both Active Duty and Civilian).

Clinical/counseling Psychology

Variable: CLINICAL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	2	8.7	8.7	8.7
yes	1.00	21	91.3	91.3	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

Social Psychology

Variable: SOCIAL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	9	39.1	39.1	39.1
yes	1.00	14	60.9	60.9	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

Physiological Psychology

Variable: PHYSIO

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	15	65.2	65.2	65.2
yes	1.00	8	34.8	34.8	100.0
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

School Psychology

Variable: SCHOOL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	18	78.3	78.3	78.3
yes	1.00	5	21.7	21.7	100.0
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

Psychometrics

Variable: PSMETRIC

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	3	13.0	13.0	13.0
yes	1.00	20	87.0	87.0	100.0
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

Health Psychology
Variable: HEALTH

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	10	43.5	43.5	43.5
yes	1.00	13	56.5	56.5	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	23	Missing cases	0		

Comparative Psychology
Variable: COMPARA

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	19	82.6	82.6	82.6
yes	1.00	4	17.4	17.4	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	23	Missing cases	0		

General Psychology
Variable: GENERAL

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	12	52.2	52.2	52.2
yes	1.00	11	47.8	47.8	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	
Valid cases	23	Missing cases	0		

Industrial Organization Psychology

Variable: INDORG

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	7	30.4	30.4	30.4
yes	1.00	16	69.6	69.6	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

Developmental Psychology

Variable: DEVELOP

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	14	60.9	60.9	60.9
yes	1.00	9	39.1	39.1	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

Educational Psychology

Variable: EDUPSYCH

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	9	39.1	39.1	39.1
yes	1.00	14	60.9	60.9	100.0
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases 23 Missing cases 0

Other Psychology Specialty

Variable: OTHPSYCH

Value Label	Value	Frequency	Percent	Valid Percent	Cum Percent
no	.00	18	78.3	81.8	81.8
yes	1.00	4	17.4	18.2	100.0
	.	1	4.3	Missing	
		-----	-----	-----	
	Total	23	100.0	100.0	

Valid cases	22	Missing cases	1
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APPENDIX A: WRITTEN COMMENTS

The following descriptive data are based on all 30 surveys. Seven countries are represented twice as can be seen in the country list (see variable "country"). All responses, including country duplicates, were used for the sake of completeness and interest value. When a respondent left an item blank, the case number was not included in the list. Otherwise, the respondents' country can be identified through use of the case number which corresponds to the country number listed below.

Title

Variable: TITLE

- 1 Doctor
- 2 Chief Psychologist
- 3 Chief Psychiatrist
- 4 Chief Psychologist of Psychophysiological Lab
- 5 Psychosociologist
- 6 Teacher
- 7 Teacher
- 8 Psychology Counseling Service Commander
- 9 Research Officer
- 10 Commander CCP
- 11 Mr.
- 12 Director of Research Institute
- 13 Doctor (MD)
- 14 M.D., Associate Professor
- 15
- 16 DRS.
- 17 Ph.D. (PhDr., CSc.)
- 18 Medical Director of Mental Health Work
- 19 DRS
- 20 Head of the Military Psychology Department, Ministry of Defence
- 21 Head
- 22 GSA 14 or GSA 15
- 23 Principal
- 24 Chief of the Department of Health
- 25 Science Director
- 26 Director - Consultation-Liaison Department
- 27 Dr.
- 28 Professor
- 29 Clinical Psychologist-Psychotherapist
- 30 Research Psychologist

What is the Role of Psychologists on U.N./Multinational Deployments?

Variable: PSYROLE

- 5 research
- 6 Associated member PFP but not yet participating in UN/multinational missions
- 7 Associated member of PFP but military does not yet participate in UN/multi ops
- 9 research (e.g., op stress study), CISD (multi disciplinary team)
- 14 For all questions: Psychologist and/or Psychiatrist
- 15 [note: not UN/Multinational deployments]
- 16 psych support: advisor of CO, mental health, training duty, research
- 17 part of mental health team - especially mood states.
- 19 Part of 'social coordinating comity' (SCC) in battalion, that is: S1, medical doctor, chaplain, social worker & psychologist (clinical)
- 21 Psychologists conduct the selection for U.N.or multinational missions. Also sent into the mission area to become familiar with conditions there [cont]
- 22 consultant to commanding officer
- 25 1) Advisor to the national Commanding Officer on all military psychological matters with emphasis on a more social psych background. 2) Part of a mental health team within the health services command: more clinical background.
- 27 only me [respondent] but not as a professional psychologist
- 29 Remark: Only for short periods. They don't assist or support the whole period.
- 30 mental health/clinical, combat stress teams/clinical & consult, research teams

What is the Official Mission of Psychologists on U.N./Multinational Deployments?

Variable: OFFIMISS

- 5 member of research team, surveying
- 9 To provide behavioral science services in support of operations
- 10 support of the specially-trained "PSY-aid" officers, CO advice
- 16 1. PSY support of teams (CO & members) in 3rd line (1st: CO, 2nd: medical, 3rd: psychol). 2. Advising COs on psych/soc/education training aspect in regard to the operation. 3. training. 4. research.
- 17 As a part of command
- 19 member of SCC, advisor to the commander, supervisor of stress counselors (key functionaries), therapies, debriefings, etc
- 21 to conduct surveys & to deal with emergency cases (e.g. acute stress reaction). There is no specific mental health team but there is of course cooperation with psychiatrists during selection & with the physicians & chaplains in mission area if necessary
- 22 Advisor to CO (staff member), Member of Mental Health Team
- 25 Advisor to CO in all psychological matters. CIS management provider. Counseling & training soldiers.
- 28 not professionals

- 29 assess the "temperature" (morale!) among the troops;
individual/collective counseling; educational activities in the
field (how to cope with the kids on the homefront).
- 30 Depends! Usually provide clinical services with emphasis on prevention
& maintenance

What Type of Specialized Training is there for Psychologists Prior to U.N./Multinational Deployments?

Variable: DEPTRAIN

- 9 Basic & Advanced training in CISD. It's utility: you're going to need it!
- 10 3 day training: 30% theory, 30% practical work, 30% working own feelings. Most helpful: Opening military mind for emotional care & learn to analyze functional stress & CISD & technics
- 15 2 times per year, the personnel receive a special training on different aspects of their work. Stress management, exchange of past experiences, leadership.
- 16 crisis intervention courses. Aims at specific skills. Need for that case/U.N. Operation.
- 19 Training with the unit before the mission. That the unit feels the psychologist belongs to team.
- 21 Training in recognising & treating acute stress reactions like the CSR [Combat Stress Response]
- 22 3 separate 1-week training courses at German army schools. Additionally, special training, nationally & internationally, in clinical psychology debriefing techniques (CISD, treatment of PTSD).
Most helpful (& necessary!) about these measures is the practical competence (in stress management & debriefing techniques) provided to the psychologists.
- 25 Brush-up of military skills, take part in all military training for a special mission, special training in CIS management; self-tests & self-evaluation with respect to mission-related stressors. Back-up one's self confidence with respect to [cont]
professional & military skills. To learn how oneself may react to special stressors & how one's coping strategies work or don't. To establish personal contacts with soldiers, to become "in-group" etc
- 29 Only psychologists belonging to centre for crisis psych or the Centre for Military Family Assistance take part in UN/Multinational deployments! They should already be trained by their status.
- 30 Yes, usually same as soldiers (e.g. STX Training for OJE), sometimes special training for Combat Stress Teams that emphasizes PIE, RTD, Stress Management etc.

Based on the experiences of deployed psychologists, what is recommended to make the deployment of psychologists more effective?

Variable: PSYRECS

- 1 tailor to command so they can make decisions convenient to Army
- 5 selection test, stress workshop-intercultural training, share information across U.N. armies

- 8 improve command consultation & emergency services
- 9 permanent positions assigned to units for psychologists from pre-dep training phase to re-patriation phase
- 10 who debriefs the debriefers in full action
- 11 depends on the situations. This is a very wide question.
- 13 more work in the field, aimed at senior staff & head of delegation in the field
- 15 Integration of psychologists in the troops (In the front). To be more realist in the treatment or to become more realist.
- 16 More skills. Psychotherapist need more organizational psychol knowledge & otherwise around. Counseling/psychotherapy org advisor.
- 17 There should be more than one psychologist for a mission. The number of psychologists should be higher.
- 19 Up to now I am quite happy with the way it goes.
- 20 General suggestion: military psychologists should take an active part in their unit while deployed
- 21 Installation of a special psychologist to deal only with tasks connected with U.N./multinational deployment.
- 22 Good feedback by command/MOD [Ministry of Defense], generally well received by soldiers with problems, after initial phase of role definition good interchange with chaplains & psychiatrists. Responsible for preparation of soldiers, debriefing, aid with community/family centers.
- 25 General improvement of the "psy peoples" image: as long as we are regarded as "head-shrinkers" "egg-heads" & "kind of exotic birds" lots of energy is wasted to fight against these stereotypes. Get in touch with the units or at least with important staff members of the deployment force before going out. Establish personal links: show that you can possibly help, make them aware that you aren't some kind of thought police. Get thorough mil-skills brush up, state-of-the-art CIS, know culture/ethnic
- 26 to work as part of a mental health team
- 29 Get them the same uniform & tag as the deployed troops. Take off the "psychiatric" - "psychological" STIGMA which isolates them from the individual soldier who thinks "I won't talk to these guys, I'm not sick. I'm a normal person."
- 30 Psychology/Mental health services need to be included in early planning, now seen as non-essential.

What Military Psychology Research is Being Explored in terms of U.N./Multinational Deployments?

Variable: PSYRESEA

- 2 UNIFIL, sex-role identity & personality, observers in UNPROFOR
- 5 4 mos study of unit in ex-Yugo over course of deployment
- 8 adjustment disorders, selection/training, general prevention efforts
- 9 stress in military operations; identified nature, prevalence & intensity of stressors in FMR Yugoslavia
- 10 Actually: impact of U.N. forces troops. Research: Military academy, Catholic University Louvain, CCP
- 11 We concentrate on cross-cultural work. Priority on the Africa situation.
- 14 stress reactions to UNIFIL, rescue personnel & traumas of disaster
- 15 Stress process, Dynamics of leadership, Effects of command style on soldiers, The dynamics process (internal, personal, interactional) of soldiers (x officers) across time. How occurs x how to predict behavior changes.
- 16 Leadership Theories which structure: -Team building on U.N. units. -Training on stress management, hostage takings, negotiation skills, First contact (creating win-win sits). -Fusions (cooperation with 'strange' units).
- 17 Personality factors decisive for selection. Responses of soldiers to stress situations - especially with respect to mood states. Effect of longterm isolation from social network & on personal relations in military unit.
- 19 Optimization of family care; Optimization of reintegration meetings 6 weeks after return; aftercare/veteran care; screening/selection procedures; optimum recuperation time between missions
- 21 Development of selection procedures. In-depth-interviews as basis for questionnaires.
- 22 Applied psychology research is being conducted by means of surveys on site & after deployment. Research is also necessary, but has not been conducted yet, with respect to effectiveness of debriefing &/or therapeutic interventions,
- 25 Specific mission-related stressors. General mission strain on soldiers & their loved ones at home. Leadership issues (Innere Fuehrung) during out-of-area missions. Intercultural aspects of multinational missions.
- 26 Focus on counseling & therapeutic support for military families; Counseling for typical child problems that emerged during a father separation; Women's reactions during U.N./multinational deployment.
- 29 Most of the research is based on empirical findings in a context of counseling (individual or group counseling) and/or therapeutic intervention (thus based on case studies).
- 30 Numerous studies on soldier (&family) health & adaptation to peacekeeping deployments.

How Accepted Were Psychologists by Leaders? (Note: the comment portion of variable accept1)

Variable: CACCEPT1

- 1 with caution & a bit of reserve
- 2 probably not very well accepted but more depending upon how many critical incidents there had been in the mission. More incidents, more acceptance.
- 5 necessity & interest seem to grow in the French army, but the number of psychologists is not yet very important.
- 8 Generally they were well accepted, but the command wasn't always clear what role they should play in the deployment.
- 9 no problem from command HQ & soldiers. However, unit COs are always suspect of "outsiders" poking around their unit.
- 10 At the end of the world, please come ASAP to Belgium where everything - 50 yrs later. So 1st psychologist deployed 1990- reactions: 1995-psychologist claimed by command
- 11 Highly accepted. Don't deploy without us.
- 13 In humanitarian agency: Depends! Sometimes badly, sometimes very well.
- 14 quite well
- 15 Very well on the field. Relatively well when we work in our office. The contact with soldiers is facilitated on the field.
- 16 Cultural "frontiers" to overcome. 1989: threatening -- problem-seeking -- problem-solving -- 1995: increasing appreciation.
- 17 Positively-psychologist was asked to solve all problematic situations.
- 18 Psychiatrists & psychologists are usually thought to be too high professionals. Chaplains, diakons, GP-doctors, nurses & NC medical officers with experience of stress situations are well accepted & thought to be sufficient.
- 19 Very well (with some exceptions)
- 20 rather good in general, especially in the consultant role
- 21 Whereas many COs would welcome a psychologist (especially one who is or used to be an officer) as counsellor & help, there are some, who are afraid that the permanent presence of a psychologist might mark their battalion as "mental case unit." [cont]
- 22 Well accepted in general, depending on the individual commanding officer. Problems occurred partly with respect to the attachment to the CO.
- 24 Neutral
- 25 Indifferent in the beginning, acceptance increased significantly after a CISD showed evidence of professional job performance.
- 26 It depends on the personality of them & on the existed dynamics during the mission.
- 29 The more the unit is known to be "gung-ho", the more difficult the psychologist or mental health worker will be accepted (a psychologist within a paratrooper battalion needs to be a psychologist). Paratroopers, infantry, tanks: difficult to convince
- 30 Operation Support Hope: not at all; Operation Joint Endeavor: average/very much

How Accepted were Psychologists by Soldiers? (Note: the comment portion of variable accept2)

Variable: CACCEPT2

- 1 with a little bit of astonishment, great curiosity, & progressive confidence
- 2 Probably well accepted as a person outside the command structure to talk with.
- 5 rather good
- 8 The same [as command structure]
- 9 Permanent positions should be assigned well before deployment. This would permit a "get to know ya" period & deal with credibility issues ahead of time.
- 10 All integration of psy is due to their own basic attitude of "engagement"/auto-critique/loyalty.
- 11 Part & parcel of the deployment. Close contact.
- 13 Namely, very well
- 14 not so much
- 15 Very well on the field. In our office, we are considered as tourists (or as people that didn't know the soldiers' daily life).
- 16 If member of the team from the beginning -- no problem, accepted, used. If not . . .
- 17 As far as I was with them in very closed contact & they felt secure as far as confident personal data, our relations were very good.
- 18 same as [comments for accept1]
- 19 2/3 of soldiers in our "outreach survey" said they wanted "if there were problems" by their "own" psychologist.
- 20 Considering the fact that military psychologists in the Croatian army enjoy the C.O. status, they also enjoy respect & a special place within the military community.
- 21 Some high ranking officers fear deploying a permanent psych would establish 2nd line of command (like political officers in communist armies). Line soldier: generally accepted
- 22 Depending on personal pressure regarding problems, in general an accepting climate.
- 24 Have some interest
- 25 Line soldiers need to be better informed on the role & tasks of psychologists, only very few of them had a correct idea about mental health professionals; after personal introduction & teaching them, the situation improved.
- 26 I suppose that they were well accepted because the soldiers were coping a lot of personal & adaptability problems.
- 29 At 1st they're suspicious. Once they learn to know what the term "psychologist" stands for, the mental barrier immediately vanishes.
- 30 Operation Support Hope: average; Operation Joint Endeavor: very much

How Accepted were Psychologists by Units? (Note: the comment portion of variable accept3)

Variable: CACCEPT3

- 1 very well
- 5 rather good
- 8 They were perceived with mixed feelings, depending on their goals in approaching them.
- 10 Tremendous ? since 1990. Actually better & better -- low profile of psychologist/soldier with the soldiers.
- 11 We allocate specific psychologists to units. They become part of the personnel. High level of cooperation.
- 14 quite good
- 15 Very well when we work in the shadow!
- 16 Sometimes colleague/advisor/cooperative. Sometimes: threatening, problem seeker, "shows weak points in leadership structure."
- 17 My role was accepted as helpful & commander relied on my opinion when deciding.
- 18 I have no experience
- 19 See [comments for accept1 & 2]
- 20 Soldiers are well acquainted with the role the military psy have & turn to them whenever they find themselves in difficulties of personal nature. Psychologists assigned to military units enjoy no less respect than officers coming from other professions.
- 21 In most cases, psychologists seen as helpful.
- 22 Well accepted in general, some initial prejudices had to be "removed".
- 24 There are some interest from the commands, but there are interest from the line soldiers.
- 25 After establishing personal links & demonstrating to share burdens with them: as good fellows, who have special but useful skills as well.
- 29 Once the units experience the positive influences of the psychosocial work, this work is evaluated as essential! The statement "unknown is unlikely" is very true in this context.
- 30 Operation Support Hope: positive, average/very much; Operation Joint Endeavor: positive, very much.

What was the Respondent's Personal Experience with a U.N./Multinational Deployment?
Respondents were directed to consider the following issues in their answer: Did
psychologists feel effective? Did they feel prepared? How emotionally stressful was it?
How boring was it?

Variable: PERSEXP

- 1 like work, need more contact with colleagues - no center, no system to augment qualifications
- 5 effective, not prepared, stressful in Rwanda, not boring
- 8 interesting, effective, did not always feel well prepared, very stressful because alone, not boring
- 9 Very busy. I felt well prepared & relatively effective. Bosnia is not boring. Always something to do.
- 10 personality of psych??
- 11 We were exposed to the war in Namibia & Angola. In these situations we were utilized effectively & it lead to a feeling of achievement. We train our people properly in the different activities & functions to prepare them. Helping the helper program
- 13 In Humanitarian Agency: Great effective when well accepted. Good preparation is necessary. Good knowledge of field activities mandatory. Sometimes emotionally stressful. No time to get bored.
- 14 boring: not at all, effective: different reports, prepared: quite well, stressful: rather stressful
- 15 Effective: yes. It is very difficult to be prepared, for this reason we work in pairs (an experienced psychologist & a less experienced psychologist). Stressful: It changes from one time to another.
- 16 never boring, always stressful events -- emotions, not always prepared (part of the team/training aspects). Effective towards individual problem of line soldier, not always concerning CO-adviser.
- 17 There has to be psychologist in a mission. As I was only one I felt that more people needed my help that I was able to manage.
- 19 effective: yes; prepared: yes; stressful & boring: depending on mission; biggest problem: redeployment after 1 year (Scheme in RNLA 1/2 yr depl, 1 yr home, 1/2 yr depl etc) 7 mos home
- 20 Military psychologists view themselves as efficient & contributing personnel because their respective Commanders & soldiers in their unit appreciate their work. For psychologists who enter military, appropriate internal training is organized, so that after 4-6 mos in the unit,
- 20 They generally judge themselves trained & fit for tasks of mil psy. Going through combat experience is equally stressful for psychologists & for other officers in unit. As a rule, psychologists did not find being exposed to real life threat at very frontline boring.
- 21 Psychologists themselves usually see their deployment in the mission area as useful & as a valuable personal experience.
- 22 It was a new & very important experience. So far, the actual task during deployment concerning the psychologist is absolutely necessary for fulfillment of entire mission. The job is rather stressful, there is no time for boredom accordingly.
- 24 The psychologists feel some effective in their works. They did not feel prepared. It is not boring.

- 25 Effective: yes, our influence grew steadily. Prepared: could be better but was satisfying. Emotion: yes it was, but I could manage to cope with it so far, talking with others helped.
- 25 Boring: if you are ? & inventive with a Major's rank at least: not at all, otherwise could be!
- 26 It was interesting & stressful. They came in touch with patients who had problems with stress in Peacekeeping & Humanitarian Operations. It is something new in bibliography.
- 29 effective: yes, I felt more effective than ever in my life (cf. Somalia, Rwanda, Bosnia). Prepared: Yes, I was prepared through intensive studies of US, Israeli & Netherlands' literature on combat stress. Stressful: I was affected very strongly [cont]
- 29 Certainly as a father of 3 small kids. Bored: Not bored at all.
- 30 Operation Support Hope: ineffective/frustrated. Operation Joint Endeavor: effective, prep, stress, burnout, not bored

What Is the Goal of the Debriefing?

Note: Responses cover a range of issues related to debriefing

Variable: DEBRIEF5

- 2 accelerate normalization of reactions
- 5 inform, help react as soldier
- 9 identify feelings/reactions & understand that they are normal. What to do if they continue.
- 10 prevention of psyc trauma, & always debriefing for the partners (separately)
- 11 to facilitate healthy recovery, prevent PTSS [post-traumatic stress symptomatology]
- 12 to ventilate distressing feelings; to prevent subsequent combat reactions; to enhance group cohesion & unit combat readiness
- 13 Humanitarian Aid: Unloading emotion linked to an incident. Recognition of strain & suffering. Planning future deployment.
- 16 structure, rational behavior can be accompanied by emotional reactions, PTSD prevention.
- 18 rapid feedback on what really happened, to discuss possible stress reactions & feelings, to better the group cohesion & to strengthen the group relations.
- 19 Mitchell
- 20 stress reactions & PTSD prevention
- 21 The Military Psychology Service is developing routines & questionnaires for CISM during U.N./multinational missions according to recommendations by U.N. & Red Cross & questionnaires for PTSD causes & symptoms upon returning.
- 22 prevention of PTSD
- 24 Prophylaxis of stress. Separate the big disorders from others.
- 25 The story, the picture of the event(s) is complete & is ours, we gained a shared view, there are no major gaps or blind spots left; our reactions, symptoms are normal. Preventive measure to minimize PTSD.
- 26 Catharsis from their feelings. Empathic understanding of the arousing problems.

- 29 Belgian Model of Psychosocial Support for partners, families & soldiers. Reintegration training about facts, feelings, felt changes with respect to each social role. [more information provided].
- 30 Reduce long term effects; put in context, perspective

What Contacts, if any, Has the Respondent Had with Military Psychologists from other Nations?

Note: The following abbreviations are used by respondents:

IMTA = International Military Testing Association
IAMPS = International Applied Military Psychology Society
RSG 22 = NATO's Research Group 22, Military Psychology
PFP = NATO's Partnership for Peace Program
Variable: CONTACTS

- 1 IMTA, colleagues went to IAMPS
- 2 Scand Military Psychology annual meeting, RSG22, APA 19, International stress wrkshp
- 3 no contacts
- 5 IMTA, IAMPS, NATO, informal contacts with others
- 6 Russia, Belgium, the Netherlands on psychological support, selection, education, PTSD
- 7 Russia, Belgium, the Netherlands on psychological support, selection, education, PTSD
- 8 none
- 9 IMTA, discussions with Dr. Bartone
- 10 Since 4 yrs: PFP seminars, seminars in Moskow, Kiev, Budapest, Minsk, Prague & [visits from] colleagues from ex-USSR in CCP for study & research
- 11 very limited in the past. Some contact with BMA77
- 12 many & diverse throughout many years
- 13 very profitable because we share similar problems & questions
- 15 As observer in the RSG22 in San Antonio (1993), NATO in Koblenz (1994).
- 16 Panel of NATO RSG22 "on psych support", Mangelsdorff e.g., seminars, Eurocorps, Germany: Fuehr academy/Zentrum innere Fuehrung
- 17 Minimal: with Slovak psychologist. During the mission with American psychologists.
- 18 Personally, I have had contacts in the European Congresses of Traumatic Stress & occassionally with psychologists from the other Nordic countries. Psychologists from the defence forces of Finland, Sweden, Norway & Denmark usually have a meeting 1/yr
- 19 NATO RSG10, RSG22, RSG15 (selection). Close cooperation with Belgian colleagues, several workshops (Mangelsdorff, PFP). PFP countries: Slovakia, Belarussia, Ukraine, Poland
- 21 One or two members of Military Psychology Service attend annually the IAMPS.
- 22 NATO, IAMPS, IMTA, bilateral with all neighboring & NATO nations
- 24 No
- 25 Personal contacts through international meetings, workshops, conferences, seminars, congresses etc.

- 26 I had a meeting with some of them in Brussels during the International Conference "on stress management in Peacekeeping & Humanitarian operations."
- 27 only during IAMPS & IMTA
- 28 IAMPS 92, 93, 94, 95, 96
- 29 Germany, Netherlands, USAMRU-E!
- 30 Professional Meetings & seminars, Deployments (e.g. Croatia, Bosnia), NATO PFP missions

Other Comments about the Role of Psychologists (or other Mental Health Professionals) on U.N./Multinational Deployments or other Related Topics?

Variable: COMMENTS

- 1 psychology has a role in U.N. operations, could work as international team on problems (adapting, culture diffs, subsistence)
- 2 I appreciate your effort initiating survey
- 5 not enough (6) in army, would increase exchanges of people & papers
- 6 Military psychology structure is only creating now. That's why international contacts are very interesting to us.
- 7 Military psychology structure is only creating now. That's why international contacts are very interesting to us.
- 9 While many other specialities (lawyers, social workers) have permanent positions in theatre, psychologists are often add-ons once a unit is deployed. Most spend more time educating command users of psychology services & fight for permant position numbers.
- 10 Psychology should do more to motivate officers to take care of their troops. Research at the CCP showed that the most effective help after CI is (in order): chief, family, colleagues, psychologist
- 11 We are doing lots of work in this field to prepare ourselves for our role in Africa. Would like to discuss it with you.
- 15 Efficiency of a pluridisciplinary work (An old soldier can be much better to help than a psychologist in his office. Role of experiences the importance to work in pairs). Importance to be near & with the people we want to help.
- 16 More activities in prep phase, analyzing operational situations on psych aspect/training analysis. Not only in policy but operational analysis.
- 17 To coordinate the activities of psychologists from other nations & to utilize their experience. To unify the system of psychological services.
- 18 I think that the national differences are quite great & especially in Finland it is better to continue the present situation - ie psychologists (& psychiatrists) as 'long distance supervisors' but not participating self in the missions.
- 20 Croatian experience suggests: the CO status guarantees military psychologists' work efficiency; the military psychologist should be given right to professional independency from army physicians & other professions; military psychologists should be given general military training to be unit officers
- 21 Also help-line telephone for soldiers in distress 24 hours/day. Apart from small number of observer-officers for last 20 years until

recently Austria's contribution consisted mainly of 2 battalions:
Golan Heights & Cyprus.

- 22 If further information is desired or needed, please call; or we could plan a meeting.
- 24 [note: questions about psychologists in military are answered in terms of psychiatrists]
- 25 Psychologists have a significant role in the prevention of more serious mental disorders after mission/action/battle stress; in promoting leadership behavior, & teaching soldiers, preparing them mentally for the demands before, during & after a mission.
- 26 To communicate their experiences with professionals from other nations who weren't involved in such missions.
- 27 I'd like to create new ideas among military superiors, but of course I'm conscious of very complicated matter with the deployment of psychologists in peacekeeping operations. The idea can be very easily wasted.
- 28 It is very important (I was winter over with small group in Antarctica above 1 year - 1979/1980)
- 30 Need for more contact & cross-fertilization exchanges. Most valuable result of this survey may be mailing list. But it has to be used!

Questions for an International Group of Military Psychologists and Specific Questions or Topics to be Addressed in a Survey Similar to This One?

Variable: INTLQUES

- 1 Does military psychology group have periodical journal? Is there a way to improve qualifications of military psychologists?
- 2 Great need for more international cooperation, would welcome workshops, newsletters
- 5 It would be important & interesting to make "state of the art" military psychology: number, career, training, subjects, survey results
- 8 difference between psychopathology in professional armed force vs. compulsory force like in Italy, especially in peace time
- 9 Nice survey. Well done.
- 10 Our colleagues from ex-USSR have a very urgent need for information/literature/exchanges etc.
- 16 specific "psychological" topics towards U.N. operations: leaderships changes? moral dilemmas - (not my war?)
- 17 Why there were not psychologists in 15 nations in mission UNPROFOR [U.N. Protection Force in Former Yugoslavia] & why there were chaplains instead of them?
- 18 We are now arranging more education in stress management before the missions & in arranging & conducting debriefings on site using the personnel mentioned before. (Psychology not on U.N. because small number & working on selection tests)
- 20 What is the situation with military psychology professional independency in your Army (re: central professional body, chain of command). What status do military psychologists have (civilian or active duty)?
Quote types of units & levels of military organization that military psychologist have been assigned to. Do military

psychologists have an opportunity of specialist training and, if yes, who is in charge of it?

- 21 The MPS is interested in selection procedures for U.N./multinational missions & also in measures designed to prevent, detect & treat abnormal stress reactions in connection with these missions. Personnel are volunteers, mostly reservists, inducted specially for that mission. Since 2/96 Austria participates in IFOR [NATO's Implementation Force in the Former Yugoslavia] & because of experiences of UNPROFOR it seems necessary to prepare measures to prevent, recognise & treat abnormal stress reactions
- 25 We should, as military psy with mission experience, organize an international meeting, "veteran's meeting", independent from the official establishment/associations/NATO workshops etc. just for the fun of sharing experiences, visions; of talking & seeing each other. Those who were in a mission before, will probably go again; they can learn from each other.
- 26 The level of their knowledge according to psychotherapies (family, group, behaviour, etc) & the extent of help that they give with these tools during the mission. Military duties & psychology in the mission. For & against.
- 27 I have many questions but this time I'd like to focus on peacekeeping operations on the status & role of military psychologists during missions.
- 28 cross-cultural research
- 29 oral discussion & appointments with MAJ Bartone (Aug. 96)

APPENDIX B: SURVEY

12 June 1995

SUBJECT: International Survey of Military Psychologists

Dear Colleague,

Last fall, we attended the International Military Testing Association conference in Rotterdam. From conversations with other attendees, it was clear there is great curiosity about the role of military psychologists in different nations, and their involvement in United Nations (UN) or multinational deployments such as peacekeeping deployments. We decided to survey psychologists from as many countries as possible in order to document and contrast the various roles of military psychologists. This effort should lead to better international understanding and cooperation among military psychologists.

To help us better understand the relationship between psychology and the military in your country, please complete the survey provided. We are particularly interested in the roles and views of military psychologists, but recognize that in many countries sociologists or other experts would be equally appropriate for this survey. If you are unfamiliar with the topic of multinational operations and mental health, please pass the survey to an appropriate colleague. Ideally, survey respondents should have been deployed on a UN or multinational mission in the role of psychologist (or mental health professional). If that is not possible, then we recommend an expert who is familiar with the issues of UN or multinational deployments and mental health. All survey information will be kept confidential and anonymous, and results will be made available to you.

Our goal is to receive all the surveys by 1 September 1995. You may reach us in Germany using the address listed above or by fax at 49-6221-2740; electronic mail at usamru-e02@heidelberg-emh2.army.mil; or voice telephone at 49-6221-172626.

Thank you,

Paul T. Bartone, Ph.D.
Major, Medical Service
Commander, USAMRU-E

Amy B. Adler, Ph.D.
Research Psychologist
USAMRU-E

SUBJECT: International Survey of Military Psychologists

We would like to try to survey people from as many countries as possible. We have identified people from the following list of countries for our survey:

Albania	Czech Republic	Israel	Poland
Australia	Denmark	Italy	Russia
Austria	France	Korea	Slovenia
Belgium	Germany	Lithuania	South Africa
Bulgaria	Great Britain	Netherlands	Spain
Canada	Hungary	Nigeria	Sweden
Croatia	India	Norway	Switzerland
			Ukraine
			U.S.A.

If you know of anyone from a country not listed above who might be able to assist us in our efforts, please contact us, or feel free to copy this letter and survey and forward copies directly to that person. Thank you.

PSYCHOLOGY AND UN/MULTINATIONAL DEPLOYMENT SURVEY

We are military psychology researchers gathering cross-cultural data in two specific areas: the role of psychology in United Nations (UN) or multinational deployments such as peacekeeping deployments and the use of debriefing in the military. Please take the time to fill out the survey below and provide comments to explain whatever you feel requires clarifying. We realize that every nation has its own way of addressing the role of psychology, and so some of our questions may not fit your experiences. When you are through, please mail it back to us in the envelope provided. Thank you very much for your help.

I. Demographic Information

Your Country: _____

Your Profession: _____

Your Title: _____

Your Rank: _____

Please describe your military status (check one):

____ Civilian

____ Reserves (Specify branch: Army, Navy, Air Force, etc.): _____

____ Active Duty (Specify branch: Army, Navy, Air Force, etc.): _____

____ Formerly Active Duty or Reserves

If you have a military service record, how many years have you spent in the service? ____

II. Psychology and UN/Multinational Operations

A. Do psychologists from your country go on UN or multinational deployments?

NO ____ YES ____

If NO, please go to question E in this section.

If YES, describe the role that the psychologists play (Are they part of a mental health team? Part of a research effort?)

B. What status do the psychologists have? (Check one and describe if necessary)

☐ Civilians ☐ Reserves
☐ Active Duty ☐ Other (Describe): _____

C. What length of time do psychologists take part in the UN/multinational operations?

☐ Entire Duration of Mission (100% of time)
☐ Most of the Mission (50% to 99% of time)
☐ Part of the Mission (Less than 50% of time)

D. What is the official mission of psychologists on the deployment?

E. Are there other mental health professionals besides psychologists who are involved in UN/multinational deployments? NO ☐ YES ☐

If NO, please go to section III.

If YES, please describe or check all that apply:

☐ Psychiatrists ☐ Chaplains
☐ Social Workers ☐ Enlisted Personnel
☐ Other (Describe): _____

F. Is there any special training that psychologists (or other mental health professionals) receive for their role in the deployment?

If NO, please go to section III.

If YES, please describe:

What is the most helpful thing about such training?

III. Tasks of Psychologists on UN/Multinational Deployments

- A. In the spaces below, please list the types of activities in which psychologists (or other mental health professionals if no psychologists deploy) are involved. Activities might include such tasks as Command Consultation, Counseling Soldiers, Stress Workshops, Administration, Research and/or Emergency Services. Next, approximate the percentage of time that psychologists (or other mental health professionals) spend in each activity (e.g. command consultation - 30%, individual psychotherapy - 10%).

Type of Activity	% of Time Engaged in Activity
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Please continue on the back page if you have more to add.

- B. Based on the experiences of deployed psychologists, what recommendations or changes would you like to see implemented to make the deployment of psychologists more effective?

- C. What military psychology research is being explored in terms of UN/multinational deployment? Please share with us what you can.

IV. Personal Reactions to Deployment

The following set of questions addresses the subjective experience of psychologists on UN/multinational deployments. If mental health professionals did not deploy, these questions can be answered in terms of the general perception of psychology.

- A. How accepted were psychologists (or other mental health professionals) by the command structure?

- B. How accepted were psychologists (or other mental health professionals) by the line soldier?

- C. How were psychologists (or other mental health professionals) perceived by the units with whom they worked?

- D. What was the personal experience with the deployment? Think about the following issues: Did psychologists feel effective? Did they feel prepared? How emotionally stressful was it? How boring was it?

- E. Did psychologists get formally debriefed after redeployment? Was there an informal debriefing?

- F. Was there a peer group (other people with whom psychologists could share experiences during deployment?)

V. Debriefing

The following questions address the role of debriefing in your country's military. By debriefing, we mean a formal gathering of soldiers who have been through an incident together. The soldiers are then led in a discussion in order to develop a complete picture of the incident, and to allow soldiers to talk about their perspectives and feelings about the event. Debriefing is also sometimes referred to as after-action review, or critical incident stress debriefing.

- A. Is there any debriefing conducted following a specific incident? NO ____ YES ____
- B. Is there any debriefing conducted following a deployment? NO ____ YES ____
- C. When does the debriefing occur, at what stage during or after the incident?
- D. What type of debriefing is conducted? Is there a particular model or formula followed? How is the debriefing conducted?
- E. What is the goal of the debriefing?
- F. How is debriefing generally received by the soldiers?

VI. Psychology in the Military

The following questions address the role of psychology in your country's military in general.

- A. Are there psychologists who are soldiers in the military? No ____ Yes ____

B. Mark in what efforts, if any, psychologists are involved (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Selection/Training | <input type="checkbox"/> Policy Planning |
| <input type="checkbox"/> Clinical/Direct Service for soldiers | <input type="checkbox"/> General Prevention Efforts |
| <input type="checkbox"/> Clinical/Direct Service for soldier families | <input type="checkbox"/> Education |
| <input type="checkbox"/> Command Consultation | <input type="checkbox"/> Research |
| <input type="checkbox"/> Psychological Operations | |
| <input type="checkbox"/> Other (please specify): _____ | |

C. To the best of your knowledge, what are the specialties of psychologists who work for the military (active duty or civilian)? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Clinical/Counseling | <input type="checkbox"/> Psychometrics | <input type="checkbox"/> Industrial/Organizational |
| <input type="checkbox"/> Social | <input type="checkbox"/> Health | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Physiological | <input type="checkbox"/> Comparative | <input type="checkbox"/> Educational |
| <input type="checkbox"/> School | <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (please specify): _____ | | |

D. What contacts, if any, have you had with military psychologists from other nations? Please describe, briefly, the nature of the contacts.

VII. Additional Comments

A. Do you have any other comments that you would like to make about the role of psychologists (or other mental health professionals) on UN/multinational deployments or other related topics?

B. Do you have questions for an international group of military psychologists? Are there any specific questions or topics you would like to see addressed in a survey similar to this one?

THANK YOU FOR YOUR PARTICIPATION!

PERSONAL INFORMATION

We are trying to compile a mailing list of psychologists (and other mental health professionals) who have completed this survey. The list would be used for sending out possible future surveys and sharing information relevant to military psychologists working in an international setting. It would be helpful if you provided us with your name and address.

Name: _____

Address: _____

Telephone: _____

E-mail: _____

If another research psychologist asks us for our mailing list, may we include your name?

NO ____ YES ____

If you would like to receive a brief report on the results of this survey, make sure you've included your name and address above and check here: _____

APPENDIX C: FIGURES

FIGURE 1

PSYCHOLOGISTS AND THE MILITARY

- Do Psychologists Serve in the Military?

NO	17%	YES	74%
----	-----	-----	-----
- Role of Psychologists in the Military:

96%	SELECTION
96%	COMMAND AND CONSULTATION
91%	RESEARCH
87%	CLINICAL/DIRECT SERVICE FOR SOLDIERS
78%	EDUCATION
65%	PREVENTION
52%	PSYCHOLOGICAL OPERATIONS
48%	POLICY PLANNING
30%	CLINICAL/DIRECT SERVICE FOR FAMILIES

FIGURE 2

SUB-SPECIALITIES

OF PSYCHOLOGISTS IN THE MILITARY

91%	Clinical/Counseling
87%	Psychometric
70%	Industrial/Organizational
61%	Educational
61%	Social
57%	Health
48%	General
35%	Physiological
39%	Developmental
22%	School
17%	Comparative

FIGURE 3
HOW ACCEPTED ARE PSYCHOLOGISTS?

• BY COMMAND			
NOT AT ALL	4%	IT DEPENDS	17%
SOMEWHAT	13%	BETTER OVER TIME	13%
VERY WELL	22%	OK BUT CONCERNED	4%
• BY SOLDIERS			
NOT AT ALL	4%	IT DEPENDS	4%
SOMEWHAT	17%	BETTER OVER TIME	13%
VERY WELL	39%		

FIGURE 4

DEPLOYMENT AND PSYCHOLOGY

- Do Psychologists Deploy on Peacekeeping Missions?
57% NO 44% YES
- Does Another Mental Health Professional Deploy?
22% NO 65% YES
- What Kind of Training Do Deploying Psychologists Receive?

-CISD (n=4)	-Military Skills (n=3)
-Crisis Intervention (n=1)	-Train with Unit (n=2)
-Debriefing (n=1)	-How to Cope with Own Feelings (n=2)
-Combat Stress Response (n=2)	-Exchange with Experienced Psychologists (n=1)
-PTSD (n=1)	-Leadership (n=1)
-Stress Management (n=3)	
-Analyze Stress (n=2)	

FIGURE 5

PSYCHOLOGICAL RESEARCH ON PEACEKEEPING¹

- Stress Reactions (e.g. to UNIFIL, UNPROFOR) (n=6)
- Selection and Training (n=3)
- Cross-Cultural Work (n=2)
- Leadership and Command Style (n=2)
- Sex-role and personality
- Adjustment Disorders
- General prevention
- Impact of UN forces on troops
- Soldier and Leader Interaction
- Team Building
- Predicting Behavior Change
- Hostage Negotiation Skills
- Long-term Isolation from Network
- Reintegration Meetings
- Veteran Care
- Recuperation Time from Missions
- Family Care
- Stress on Family

¹Unless otherwise stated n=1

FIGURE 6

DEBRIEFING

• Does the Military Debrief after Specific Incidents?	NO 26%	YES 48%	SOMETIMES/USUALLY	13%	NO ANSWER 13%
• Does the Military Debrief after Deployment?	NO 35%	YES 39%	SOMETIMES 9%	NO ANSWER 13%	
• What Type of Debriefing Is Used?	CISD 26%	MODIFIED CISD 17%	MILITARY DEBRIEF 4%	OTHER 22%	
• How Is Debriefing Received?	SOMEWHAT WELL 4%	FINE/AS NORMAL 9%	VERY WELL 30%	NO ANSWER 39%	
• Did Psychologists Receive a Debriefing after Deployment?	NO 13%	YES, FORMAL ONLY 9%	YES, INFORMAL ONLY 17%	DON'T KNOW 4%	
• Was There a Peer Group for the Psychologists?	YES 48%	NO 22%	YES, FORMAL ONLY 9%	YES, INFORMAL & FORMAL 26%	

FIGURE 7

INTERNATIONAL CONTACTS*

<u>n</u>	<u>Contact</u>
6	NATO RSG 22
6	International Applied Military Psychology Society
5	International Military Testing Association
2	Regional Meetings (e.g., Scandanavian Meeting, Former USSR)
1	American Psychological Association, Division 19 (Military Psychology)
1	Eurocorp
1	NATO RSG15
1	NATO RSG10
1	European Congress of Traumatic Stress
1	BMA77
1	While on Deployment
3	Informally/personal Contacts
2	Partnership for Peace Seminars
1	Many and Diverse
2	Minimal
3	None

*Identified by respondents in open-ended format

FIGURE 8

CONCLUSIONS

- DESPITE LIMITATIONS, OVER 20 COUNTRIES RESPONDED
Wide Range of Both NATO and Former Eastern Bloc Countries
Rich and Poor Countries Represented
Countries with Different Degrees of Peacekeeping Experience
- CLEAR INTEREST IN COOPERATIVE EXCHANGE OF INFORMATION
Key Minority of Respondents Feel Isolated
Many Expressed Interest in Additional Contact
Many Had Specific Questions/requests for Information
- MANY AREAS OF OVERLAP/POSSIBLE UNIVERSALS
When Debriefing Is Used, Some Version of CISD Is Typical
Acceptance of Psychology Is Not Automatic
Many Specific Comments Revealed That
 - Leaders Don't Know What to Do with Psychology,
Or How it Can Help Them
 - Soldiers Are Accepting of Psychology but Initially WaryMany Psychologists Themselves Are Not Debriefed upon Return

REFERENCES

- Adler, A.B., Bartone, P.T., & Vaitkus, M.A. (1994, August). Family stress and adjustment during a peacekeeping deployment. Poster session presented at the American Psychological Association Convention, Los Angeles.
- Bartone, P.T., & Adler, A.B. (1995, September). Work stress and depression in peacekeeping operations. Poster session presented at Work, Stress and Health 95: Creating Healthier Workplaces, Washington DC.
- Bartone, P.T., Adler, A.B., & Vaitkus, M.A. (1996). US-Soldaten und die Anforderungen von Friedensmissionen - Sozialpsychologische Aspekte in Friedensengel im Kampfanzug? Zu Theorie und Praxis militaerischer UN-Einsaetze, pp 75-99. Opladen: Westdeutscher Verlag.
- Bartone, P.T. (1996, May). American IFOR experience: Psychological stressors in the early deployment period. Paper presented at the 32nd International Applied Military Psychology Symposium, Brussels, Belgium.
- Britt, T.W. (1996). Psychological issues in Humanitarian Assistance Programs: The Kazakstan mission. Paper presented at the USAREUR Medical Service Corps Conference, Garmisch, Germany.
- de Jong, R.D., & Broesder, W.A. (1994). Functioning in peacekeeping: Relation to leadership, threat and individual differences. Proceedings of the 36th Conference of the International Military Testing Association, Rotterdam, The Netherlands, 405-410.
- Division of Neuropsychiatry. (1992). Coping with psychological stress in Somalia. Washington, D.C.: Author.
- Doutheau, C., Lebigot, F., Moraud, C., Crocq, L., Fabre, L.M., & Favre, J.D. (1994). Stress factors and psychopathological reactions of UN missions in the French Army. International Review of the Armed Forces Medical Services, 1/2/3, 36-38.
- Farley, K.M. (1995). Stress in Military Operations. Canadian Forces Personnel Applied Research Unit, Working Paper 95-2.
- Fields, R.M. (1992, August). The stress of peacekeeping: Irishbatt in UNIFIL. Paper presented at the American Psychological Association Convention, Washington, DC.
- Gal, R., & Mangelsdorff, A.D. (Eds.). (1991). Handbook of military psychology. New York: Wiley & Sons.

Hofstede, G. (1983). Culture's consequences: International differences in work-related values. (Abridged ed.) Newbury Park, CA: Sage.

Kirkland, F.R., Halverson, R.R., & Bliese, P.D. (1996). Stress and Psychological Readiness in Post-Cold War Operations. Parameters, Summer, 79-91.

Kloos, B., Horneffer, K., & Moore, T. (1995). Before the beginning: Religious leaders' perceptions of the possibility for mutually beneficial collaboration with psychologists. Journal of Community Psychology, 23, 275-291.

Kornhuber, A.W. (1994, June). Personal experience from GECOMFORSOM/UNOSOM II: Both Neurology and psychiatry are required. Paper presented at the International Congress on Military Medicine, Augsburg, Germany.

Litz, B.T. (1996). The Psychological demands of peacekeeping for military personnel. National Center for Post-traumatic Stress Disorder Clinical Quarterly, 6, 1-8.

Lundin, T. & Otto, U. (1996). Swedish soldiers in peacekeeping operations: Stress reactions following missions in Congo, Lebanon, Cyprus, and Bosnia. National Center for Post-traumatic Stress Disorder Clinical Quarterly, 6, 9-15.

Steege, F.W., & Hansen, H. (1994). UNOSOM II: Experiences of Federal Armed Forces military psychology. Proceedings of the 36th Conference of the International Military Testing Association, Rotterdam, The Netherlands, 111-116.

Weisaeth, L. (1990). Stress of UN military peace-keeping. WISMIC Newsletter, 2 (2), 15-18.

Weisaeth, L., Mehlum, L., & Mortensen, M.S. (1996). Peacekeeper stress: New and different? National Center for Post-Traumatic Stress Disorder Clinical Quarterly, Winter, 12-15.

Wertheim, W.J. (1994). Repatriations of Dutch military personnel from UNPROFOR. Unpublished manuscript, Dutch Royal Army, Office of the Surgeon General.

Zeitlin, L.R. (1996). How much woe when we go: A quantitative method for predicting culture shock. International Journal of Stress Management, 3 (2), 85-98.

INDEX

ACCEPT1	40
ACCEPT2	40
ACCEPT3	41
ACKNOWLEDGEMENTS	5
APPENDIX A: WRITTEN COMMENTS	53
APPENDIX B: SURVEY	68
APPENDIX C: FIGURES	78
BRANCH	29
BRIEFREP	27
CACCEPT1	59
CACCEPT2	60
CACCEPT3	61
CHAPGO	32
CLINFAM	45
CLINICAL	48
CLINSOLD	45
COMCONS	46
COMMENTS	65
COMPARA	50
CONTACTS	64
COUNTRY	26
DEBRIEF1	42
DEBRIEF2	42
DEBRIEF3	43
DEBRIEF4	43
DEBRIEF5	63
DEBRIEF6	44
DEPTRAIN	56
DEVELOP	51
EDUC	47
EDUPSYCH	51
ELSEGO	33
ENLISTGO	32
EXECUTIVE SUMMARY	3
FIGURE 1 PSYCHOLOGISTS AND THE MILITARY	79
FIGURE 2 SUB-SPECIALITIES OF PSYCHOLOGISTS IN THE MILITARY	80
FIGURE 3 HOW ACCEPTED ARE PSYCHOLOGISTS?	81
FIGURE 4 DEPLOYMENT AND PSYCHOLOGY	82
FIGURE 5 PSYCHOLOGICAL RESEARCH ON PEACEKEEPING	83
FIGURE 6 DEBRIEFING	84
FIGURE 7 INTERNATIONAL CONTACTS	85, 86
FREQUENCY TABLES	25

GENERAL	50
HEALTH	50
INDORG	51
INTLQUES	66
MAILLIST	27
MDGO	31
MILSTAT	28
OFFIMISS	55
OTHEFFRT	48
OTHERGO	32
OTHPSYCH	52
PEER	41
PERSEXP	62
PHYSIO	49
POLICYPL	46
PREVENT	47
PROFESS	27
PSMETRIC	49
PSYDEBR	41
PSYDEP	30
PSYMIL	30
PSYOPS	46
PSYRECS	56
PSYRESEA	58
PSYROLE	55
PSYSOLD	44
PSYTIME	31
RANK	28
References	87
RESEFFRT	47
SCHOOL	49
SELECT	45
SOCIAL	48
SOCIALGO	31
SUMMARY	2
TITLE	54
TRAINING	33
YADMIN	36
YAFTERDE	39
YASSESS	35
YAUTOP	39
YCAREER	38
YCOMMAND	34

YCOMMDEV	38
YCOOP	38
YCRISIS	35
YCROSSCU	38
YDEBRIEF	36
YFAMILIA	39
YFAMTX	38
YFIELD	39
YGROUPTX	34
YHUMANAI	38
YINDCOUN	34
YINFOMAT	38
YINTEGRA	39
YLEADER	38
YMEETING	39
YMISSANL	38
YORGANIZ	38
YPREDEP	39
YPSYSTR	38
YREADY	39
YRESEARC	36
YRSMIL	29
YSELECT	35
YSTIGMA	39
YSTRESSE	37
YSTUDYTR	37
YSUPCONS	37
YTEAMBLD	38
YVISIT	39